BIRTH NO. BIST. NO. 318 PRIMARY REC. DIST. NO. 1003 Registror's No. 80.  I. PLACE OF DEATH  a. COUNTY  b. CITY (if outside corporate limite, write BURAL and give cownship)  C. LENGTH OF OR TOWN St. Louis,  d. FULL NAME OF CIT ont in beging the principle of institution, give street address or location properly in the principle of the principle o	2788	State File No			THE DIVISION OF HE	wer.	
b. COURTY b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. LOUIS, c. LOUIS, d. FULL MAME OF (If not is heapital or institution, give street address or location) HOSTITUTION 815A DeSoto  S. LOUIS, S. LOUIS, d. FULL MAME OF (If not is heapital or institution, give street address or location) HOSTITUTION 815A DeSoto  S. LOUIS, S. COLOR OR RACE (Type or Print) Host Description Host Desc	8893		DIST. NO. 100	PRIMARY REG. DIS	G. DIST. NO. <u>318</u>		BIRTH NO.
b. CITY (If oeudeds corporate limits, write BURAL and give township) TOWN St. LOUIS,  d. FULL NAME OF (If no is bapetal or leastingtion, give street address or location) HOSPITAL OR 815A DeSoto  3. NAME OF (If no is bapetal or leastingtion, give street address or location) HOSPITAL OR 815A DeSoto  3. NAME OF (If no is bapetal or leastingtion, give street address or location) HOSPITAL OR 815A DeSoto  3. NAME OF (If no is bapetal or leastingtion, give street address or location) HOSPITAL OR 815A DeSoto  3. NAME OF (If no is bapetal or leastingtion) HOSPITAL OR 815A DeSoto  3. NAME OF (If no is bapetal or leastingtion) HOSPITAL OR 815A DeSoto  3. NAME OF (If no is bapetal or leastingtion) HOSPITAL OR 815A DeSoto  3. NAME OF (If no is bapetal or leastingtion) HOSPITAL OR 815A DeSoto  3. NAME OF (If no is bapetal or leastingtion) HOSPITAL OR 815A DeSoto  3. NAME OF (If no is bapetal or leastingtion) HOSPITAL OR 815A DeSoto  4. DATE (Month) (Day) OF Brune  5. EXT (If non, trive location)  8. DATE OF BRITH Feb. 4-1909  8. DATE OF BRITH Feb. 4-1909  9. AGE (If year) Frobet I that least or lorings occurry Waitress  8. DATE OF BRITH Feb. 4-1909  1. BIRTHPLACE (Base or lorings occurry) Baldwin, Illinois  1. BIRTHPLACE (Base or lorings occurry) Baldwin, Illinois  1. SUCIDE OF DEATH Enter only one-cause per (If year, street, of the above cause of the motor of dying, such a heart pollure, stathing, set. If means the directly of the debt of not related to the direct occurry (If year, street, office black, not per least of the above cause (If year)  1. DISEASE OR CONDITION  2. AND CONDITION  3	residence befor admission	re decessed lived. If institu b. COUNTY	ESIDENCE (Where de	2 USUAL RES		ATH	
d. STREET ADDRESS 815A DeSoto  3. NAME OF DECEASED FOR CHIPOTO Chewitod of work down during most of working Use, worm of recting Use, worm of recting Use, worm of recting Use, worm of working Use, working Use, worm of working Use, working Use, worm of working Use, worm of working Use, worm of working Use, worm of working Use, working	.9	rite BURAL and give townshi	zide corporate limits, write I	C CITY (If emerida	township) c. LENGTH OF STAY (In this place)		OR
S. SEX / 6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, Wildwide   100. USUAL OCCUPATION (Give kind of work down during mose of working tile, even if without   100. KIND OF BUSINESS OR IN   100. KIND OF BUSINESS OR IN			(If rural, give loca	d. STREET	ion, give street address or location)	(If not in hospital or insti	d. FULL NAME OF (
S. SEX	, , , , , , , , ,	OF '			b. (Middle)		
10. LUNAL OCCUPATION (Give hind of work done during mass of working file, west if redued)   10. KIND OF BUSINESS OR IN	F UNDER 11 KES. Hours   Min.	AGE (In years IF UNDER 1 Y	TH 9. AG	8. DATE OF BIRTH		COLOR OR RACE	5. SEX / 6.
13b. MOTHER'S MANE   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE	TIZEN OF WHA	trr) 4 12	(State or foreign country)	11. BIRTHPLACE (8	. KIND OF BUSINESS OR IN- DUSTRY	ON (Give kind of work 1	10a. USUAL OCCUPATIO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If year, stream or dates of service)  16. SOCIAL SECURITY (A89-05-4305)  17. INFORMANT'S SIGNATURE OR NAME (A89-05-4305)  Walter H. Brune 815A DeSoto  Medical Certification  INTERV. (A89-05-4305)  Walter H. Brune 815A DeSoto  Medical Certification  INTERV. (A89-05-4305)  Walter H. Brune 815A DeSoto  Medical Certification  INTERV. (A89-05-4305)  Walter H. Brune 815A DeSoto  Walter H. Brune 815A DeSoto  INTERV. (A89-05-4305)  Walter H. Brune 815A DeSoto  INTERV. (A89-05-4305)  Walter H. Brune 815A DeSoto  INTERV. (A89-05-4305)  Walter H. Brune 815A DeSoto  Walter H. Brune 815A DeSoto  INTERV. (A89-05-4305)  Walter H. Brune 815A DeSoto  INTERV. (A99-05-4305)  Walter H. Brune 815A DeSoto  INTERV. (A99-05-4305)  INTERV. (A99-05-4305)  Walter H. Brune 815A DeSoto  INTERV. (A99-05-4305)  Walter H. Brune 815A DeSoto  INTERV. (A99-05-4305)  INTERV. (A99-05-4305)  Walter H. Brune 815A DeSoto  INTERV. (A99-		OF HUSBAND OR WIFE	14. NAME OF	NAME			3a. FATHER'S NAME
18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  "This does not mean the mode of dying, such as heart fallure, ashenic, case, injury, or complice- tion which caused death.  19a. DATE OF OPERA- TION  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH*(a)  MEDICAL CERTIFICATION  ONSET  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH*(a)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  Conditions contributing to the death but not related to the disease or condition constring death.  19a. DATE OF OPERA- TION  21b. MAJOR FINDINGS OF OPERATION  YES  21c. (CITY, TOWN, OR TOWNSHIP)  COUNTY)  CS  11 Mereby certify that I attended the deceased from MORET MORET  22c. I hereby certify that I attended the deceased from AT WORK  23d. PIONATURE  3 (Degree or title)  23d. ADDRESS	ADDRESS	URE OR NAME	ANT'S SIGNATURE	17. INFORMAN	ES?   16. SOCIAL SECURITY	R IN U.S. ARMED FO	15. WAS DECEASED EVE
as heart faiture, asthernia, etc. It means the discussed ast.    DUE TO (c)	RVAL BETWEEN ET AND DEATH				TION O DEATH*(a)	ANTECEDENT CAUS	Enter only one cause per line for (a), (b), and (c)
tion which caused death.    11. OTHER SIGNIFICANT CONDITIONS   Conditions contributing to the death but not related to the disease or condition causing death.    19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTON   YES		· · ·	<del></del>		a) stating t	Morbid conditions, i rise to the above caus the underlying cause	as heart failure, asthenia, etc. It means the dis-
19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Specify)  21b. PLACEOFINJURY (e.g., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE NOT WHILE WORK NOT WHILE WORK AT WORK  22. I hereby certify that I attended the deceased from 19 , and that death occurred at 150 km, from the causes and on the date stated above.  23a. 10NATURE (Day) (19b. MAJOR FINDINGS OF OPERATION 21c., in or about YES (CITY, TOWN, OR TOWNSHIP) (COUNTY) (Same in the county) (COUNTY) (Same in the county) (Same in the county) (Same in the county) (Same in the causes and on the date stated above.  21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE Indicated in the county) (Same in the causes and on the date stated above.  22d. I hereby certify that I attended the deceased from 19 , and that death occurred at 19, from the causes and on the date stated above.  23a. 10NATURE (19b. MAJOR FINDINGS OF OPERATION (19b. Injury) (COUNTY) (Same in the county) (Same in the causes and on the date stated above.  23b. ADDRESS (19b. ADDRESS (19b. Injury) (COUNTY) (Same in the causes and on the date stated above.				<del></del>	IT CONDITIONS		
HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  WHILE AT WORK   21f. HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from	AUTOPSY?		•				19a. DATE OF OPERA- TION
22. I hereby certify that I attended the deceased from	(STATE)	(COUNTY)	N, OR TOWNSHIP)	21c. (CITY, TOWN, C	LACE OF INJURY (e.g., in or about farm, factory, street, office bldg., etc.)	(Specify) . 21b	21a. ACCIDENT SUICIDE HOMICIDE
alive on, 19, and that death occurred at _7:50km., from the causes and on the date stated above.  23a 919NATURE   23b. ADDRESS   23c. DA	201		NJURY OCCUR?	21f. HOW DID INJU	WHILEAT NOT WHILE	(Day) (Year) (Ho	21d. TIME (Month) OF INJURY
230, PIGNATURE 230, ADDRESS 230, ADDRESS 230, DA	the deceased	, 19, that I last s ud on the date stated c	om the causes and c	7:80 m., fron	•		
A Maria With the Law Aug of the way of any tropy and any tropy and any	DATE SIGNED		, Clar	23b. ADDRESS	(Degree or title)	em Or	23a PIGNATURE
Tion Removal (Bendar)  Sept. 25-1952 Memorial Park  St. Louis County, Misso	(State)	ON (City, town, or county) uis County. M			24c. NAME OF CEMETER 952 Memorial Pa	)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS REG. 24 1952 REGISTRAR'S SIGNATURE ADDRESS RED 24 1952 REGISTRAR'S SIGNATURE ADDRESS RED 24 1952 REGISTRAR'S SIGNATURE ADDRESS RED 24 1952 REGISTRAR'S SIGNATURE ADDRESS	S	NATURE ADDI	IRECTOR'S SIGNAT	b	Juith Mil	REGISTRAR'S SIG	DATE REC'D BY LOCAL REG PED 2 A 1952

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or

working under my personal supervision.

Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Licensed Embalmer No.